

U
Newark Eagles Baseball Club

101 Montgomery Street

Newark, N.J.

Darltie Cooper

114 W. Market St

Newark, N.J.

DEPARTMENT OF LABOR E 42408

5/19/40

Insurance Co. (None)

Date of Accident

Trenton N. J., 11/13/40 194.....

Acting on the information on file in this office, the Workmen's Compensation Bureau hereby places its approval on the settlement made covering compensation for injuries received by the above employee, as follows: Medical expenses not exceeding \$50. Hospital service not exceeding \$50. Also privilege of applying to Bureau for additional allowance:

Compensation for period
of temporary disability, at \$.....15.42..... per week for9-1/7..... weeks totaling, \$.....140.99

Compensation for permanent injury at same rate for12¹/₂..... weeks, paid or yet to be paid totaling, \$.....192.75

If compensation payments are not made as set forth above, or there is any change in condition calling for a modification of this settlement, this Bureau should be notified at once.

WORKMEN'S COMPENSATION BUREAU

Voluntary payment by company, \$.....

FORM NO. 5

PRESERVE THIS APPROVAL Per

~~Secretary.~~